

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 1 7

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 698

b. FFY 2002 \$ 698

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 25d, 25e, and 25f  
Attachment 4.19-B, pages 9 and 109. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 9 (MS-98-3)

10. SUBJECT OF AMENDMENT:

Addition of pharmaceutical case management as a covered service.

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

August 9, 2000

16. RETURN TO:

Director  
Department of Human Services  
Hoover State Office Building, 5th Floor  
Des Moines, IA 50319-0114**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

08/17/00

18. DATE APPROVED:

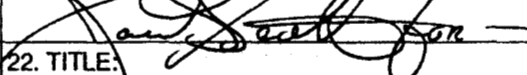
NOV 9 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and State Operations

23. REMARKS:

cc:  
Rasmussen  
Headlee  
CO

SPA CONTROL

Date Submitted 08/09/00

Date Received 08/17/00

## LIMITATIONS ON SERVICE

## 6.d.9 PHARMACEUTICAL CASE MANAGEMENT

Pharmaceutical case management services are those services provided by defined physician/pharmacist teams for Medicaid recipients determined to be at high risk for medication-related problems.

These services provided a patient-centered process, based upon the concept that pharmacists and physicians share a responsibility, as well as the collective expertise, to identify, prevent, and resolve medication-related problems, and that these services will result in improved therapeutic outcomes and cost-effective, high quality health care.

These services are patient-specific, problem-focused, high intensity services that do not duplicate those services provided by dispensing pharmacists pursuant to 42 CFR 456.705. Patients are eligible for these services if they:

- Have active prescriptions for four or more regularly scheduled non-topical medications,
- Are ambulatory,
- Do not reside in a nursing facility, and
- Have at least one of the eligible disease states of congestive heart disease, ischemic heart disease, diabetes mellitus, hypertension, hyperlipidemia, asthma, depression, atrial fibrillation, osteoarthritis, gastroesophageal reflux, or chronic obstructive pulmonary disease.

Physicians and pharmacists on care teams must meet specific criteria to provide pharmaceutical case management services. Physicians must be licensed to practice. Both physicians and pharmacists must:

- Complete an Iowa Medicaid provider agreement,
- Have an Iowa Medicaid provider number, and
- Receive training under the direction of the Department of Human Services regarding the provision of pharmaceutical case management services under the Iowa Medicaid program.

To become eligible to provide these services, pharmacists must present to the Department of Human Services evidence of competency including state licensure, submission of five acceptable patient care plans, and successful completion of professional training regarding patient-oriented medication-related problem prevention and resolution.

State Plan TN #	<u>MS-00-17</u>	Effective	<u>10/01/00</u>
Superseded TN #	<u>None</u>	Approved	<u>NOV 9 2000</u>

## LIMITATIONS ON SERVICE

## 6.d.9 PHARMACEUTICAL CASE MANAGEMENT (Cont.)

Acceptable professional training programs shall be approved by the Department of Human Services with input from a peer review advisory committee. Receipt of a doctorate of pharmacy degree is considered acceptable professional training.

The Iowa Center for Pharmaceutical Care (ICPC) training program, a cooperative training initiative of the University of Iowa College of Pharmacy, Drake University College of Pharmacy and Health Sciences, and the Iowa Pharmacy Foundation, is also an approved training program. Other programs containing similar didactic coursework and supplemental practice site evaluation and re-engineering will be considered for approval by the Department of Human Services.

Pharmacists must also maintain problem-oriented patient records, provide a private patient consultation area, and submit a statement indicating that the submitted patient care plans are representative of their usual patient care plans.

Eligible patients may choose to receive services from any eligible provider care team. It is generally expected that the members of the care team will be the patient's primary care providers. Care team activities are value-added, complementary services to the basic medical services provided by the primary care providers.

Once the patient/physician/pharmacist team has been established, the care team will provide the following services:

Initial Assessment

- ◆ Patient evaluation by the pharmacist including:
  - Medication history.
  - Assessment of indications, effectiveness, safety, and compliance of medication therapy.
  - Assessment for the presence of untreated illness.
  - Identification of medication-related problems, such as:
    - Unnecessary medication therapy
    - Suboptimal medication selection
    - Inappropriate compliance
    - Adverse drug reactions
    - Need for additional medication therapy.
- ◆ Physician receives written report with recommendations from pharmacist.
- ◆ Care team finalizes and implements an action.

State Plan TN #	<u>MS-00-17</u>	Effective	<u>10/01/00</u>
Superseded TN #	<u>None</u>	Approved	<u>NOV 9 2000</u>

## LIMITATIONS ON SERVICE

### 6.d.9 PHARMACEUTICAL CASE MANAGEMENT (Cont.)

#### Preventive Follow-Up Assessment

- ◆ Follows an initial assessment when no medication-related problems were identified.
- ◆ Occurs approximately six months following initial assessment.
- ◆ Care team reassesses the high-risk patient for newly developed medication-related problems.
- ◆ Action plan is implemented to address any identified problems.

#### New Problem Assessment

- ◆ May occur in the interim between other pharmaceutical case management services.
- ◆ Initiated when a new medication-related problem identified by the care team.
- ◆ Care team assesses the patient and develops and implements an action plan.

#### Problem Follow-Up Assessment

- ◆ Based on patient need or problem identified by a prior assessment.
- ◆ Care team assesses the effectiveness of the agreed-upon action plan.
- ◆ Care team evaluates the patient's status at an appropriate interval, as determined by the team, and modifies action plan as necessary

An "action plan" is defined as a plan of patient care developed by and agreed upon by care team and the patient. Specific activities vary based on patient needs and conditions. These activities may include:

- ◆ Changes in medication regimen.
- ◆ Focused patient or caregiver education.
- ◆ Periodic assessment for changes in the patient's condition.
- ◆ Periodic monitoring of the effectiveness of medication therapy.
- ◆ Self-management training.
- ◆ Provision of patient-specific educational and information materials.
- ◆ Compliance enhancement.
- ◆ Reinforcement of healthy lifestyles.

A copy of pharmaceutical case management records, including documentation of services, shall remain on file in each provider's facility available for audit by the Department of Human Services.

The pharmaceutical case management services as described herein which are provided by pharmacists are within the scope of practice of pharmacists in Iowa as determined by a Declaratory Order issued by the Iowa Board of Pharmacy Examiners on June 2, 2000.

State Plan TN # MS-00-17 (substitute page)  
Superseded TN # None

Effective 10/01/00  
Approved NOV 9 2000

Substitute per letter dated 11/09/00

IOWA

Attachment 4.19-B

Page 9

**Methods and Standards for Establishing Payment Rates for Other Types of Care**

**Pharmaceutical Case Management Services**

The reimbursement structure was established after review of the Medicaid physician fee schedule and reimbursement methodologies and fees used by other states and third party payers. Pharmacist and physician team members shall be equally reimbursed for their participation in each of the four patient care encounters described in Attachment 3.1-A. Each team member shall be reimbursed the lower of their submitted charge or the maximum allowable fee established for each procedure.

The maximum number of payments for each type of assessment per patient is listed below. Payment for services beyond this amount will be considered on an individual basis after peer review of submitted documentation of medical necessity.

- |                                   |                                |
|-----------------------------------|--------------------------------|
| ◆ Initial assessment              | One per patient                |
| ◆ Preventive follow-up assessment | One per patient per 6 months   |
| ◆ New problem assessment          | Two per patient per 12 months  |
| ◆ Problem follow-up assessment    | Four per patient per 12 months |

State Plan TN No.	<u>MS-00-17 (substitute page)</u>	Effective	<u>10/01/00</u>
Superseded TN No.	<u>MS-98-3</u>	Approved	<u>NOV 9 2000</u>

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Attachment 4.19-B

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